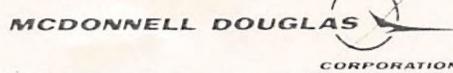


A DIVISION OF



## GENERAL INFORMATION

INSTRUCTIONS: All questions must be answered. If questions are not applicable they should be identified "NA". If the answer is none, state "NONE". Enter an "X" in appropriate blocks on Yes/No questions.

## COMPANY

## NAME:

Monroe Institute of Applied Sciences

## MAILING

STREET

CITY

STATE

ZIP CODE

TELEPHONE

## ADDRESS:

PO Box 130

Nellysford

VA

22958

804 361 1252

## PLANT

STREET

CITY

STATE

ZIP CODE

TELEPHONE

## ADDRESS:

Rt 1 Box 175

Faber

VA

22938

804 361 1252

## TYPE OF

 Proprietorship Corporation Subsidiary\*

## OWNERSHIP:

 Partnership Division\* Affiliate\*

\*Give details by attachments if you control and/or are controlled by other companies, and degree of independence.

## PERSONNEL: TITLE

## NAME

## PRESIDENT OR OWNER(S)

Robert A Monroe

## GENERAL MANAGER

Director of Administration

R. F. Korbesmeyer

## QUALITY CONTROL MGR.

None

## PERSON TO CONTACT

Name and Title

R. F. Korbesmeyer, Director of Administration

## SALES REP Nearest McDonnell Douglas Electronics Company (MDEC)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mr B Witt

## TYPE OF

 Manufacturer Engineering Services

## BUSINESS

 Distributor/Mfg. Rep. Processor Other \_\_\_\_\_

## YEARS IN BUSINESS

\_\_\_\_\_

## SQUARE FEET

MFG

## NUMBER OF PLANTS

\_\_\_\_\_

TOTAL

## CLASSIFICATION

 Small

This answer must take all employees into consideration, including those of

 Large

subsidiaries and parent company (small business is less than 500 employees).

 Woman Owned Business

## IF APPLICABLE, INDICATE MINORITY GROUP OWNING OR CONTROLLING COMPANY

 BLACK SPANISH SPEAKING AMERICAN PUERTO RICAN AMERICAN-ORIENTAL AMERICAN INDIAN AMERICAN ESKIMO/ALEUT

## NUMBER OF

EMPLOYEES Total 17Engineering 4

Production \_\_\_\_\_

Other 8

## UNION

 None

Present Contract

## AFFILIATION

 Yes, With \_\_\_\_\_

Expiration Date \_\_\_\_\_

Do you have a Small Business Program?

 Yes

List by attachment any Trade Names

 No

or Trade Marks

HEMI-SYNC, Gateway, Discovery

 Yes No

Do you have procedures for controlling, identifying, protecting MDEC/Govt. furnished property?

 Yes

Subcontract?

 Yes No No

List the products which you have advanced beyond the general technology of your industry.

HEMI-SYNC, a patented process

## QUALITY CONTROL

Do you understand Quality Control as required for aerospace or Govt. work?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have written Q. C. Procedures for all phases of operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you maintain a system for tool and gage calibration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your tool and gage calibration system traceable to the Nat'l. Bureau of Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Written Q. C. Manual or Procedures Manual available and maintained for use by all Inspection Personnel?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is your Q. C. Dept based on:	<input type="checkbox"/> MIL-Q-9858A <input type="checkbox"/> MIL-I-45208A <input type="checkbox"/> NAS200 <input type="checkbox"/> None
Government (Source) Inspection by:	<input checked="" type="checkbox"/> None <input type="checkbox"/> Itinerant	Resident Specify Agency.	

## FINANCIAL RESPONSIBILITY

Company Net Worth \$ <u>Private Data</u>	Present Backlog \$ <u>Not Applicable</u>	Government <u>      </u> % Commercial <u>      </u> %	
Have your purchasing procedures been approved by an Armed Service Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What is your present approx. \$ <u>NA</u> Engr. \$ <u>NA</u> Machine Hourly Rate: \$ <u>NA</u> Tooling \$ <u>NA</u> Assembly	
Have your Labor Rates been approved by an Armed Service Agency?	Direct Labor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Overhead Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gen. & Admin. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sales last three years:	Amount \$ <u>Private Data</u> Year	Amount \$ <u>Private Data</u> Year	Amount \$ <u>Private Data</u> Year

## CHECK LIST OF ITEMS NECESSARY TO FULLY EVALUATE YOUR COMPANY

ITEM	ATTACHED	AVAILABLE IN 30 DAYS	LATER DATE AVAILABLE
Manufacturing Equipment list showing type, age condition and work size accommodated	<u>Not Applicable</u>		
Annual Report or Financial Statement	<u>Private Data</u>		
List of customers, descriptions, dates, and contract amounts	"		
Any lists, brochures, catalogs, charts, pictures to illustrate your capabilities in aerospace field	<u>None</u>		
Description of relationship between parent company and/or subsidiary, such as, wholly owned, and degree of independence			
Current company organizational chart			

LIST HERE OR BY ATTACHMENTS THE PRODUCTS OR SERVICES YOU WANT TO SUPPLY MDEC INCLUDING STANDARD INDUSTRIAL CLASSIFICATION NUMBERS IF KNOWN

*The utilization of the Hemi-Sync process in a number of applications*

The information contained in this questionnaire is complete and accurate in all details to the best of my knowledge and belief.